

SRSU APPLICATION FOR SECURITY ACCESS

Instructions: Refer to Section 1.3 of the Data Standards Document before completing form. Complete all sections. Route to the appropriate module approver. If multiple modules are requested, route to the approver of your top priority module.

Section 1 – User Information

ACCESS REQUEST FOR: _____ DIVISION/DEPT: _____
(Please print name)

JOB TITLE: _____ WORK PHONE NO: _____ EMAIL ADDRESS: _____

CAMPUS ADDRESS: _____ CURRENT BANNER LOGIN: _____

EMPLOYMENT STATUS: _____ CONTINUING TEMP/STUDENT (EXP. DATE: _____)

Section 2 – Access Information

ACCESS REQUESTED: (Check all that apply. Items in grey are not currently available). Indicate in each blank type of access (N – New; R – Remove; A – Additional Access)

MODULES: (Check all that apply.) Banner INB Banner Self-Service Banner Test Instances Argos Image Now BCM FTP

ACCESS REQUESTED

APPROVAL SIGNATURES

FINANCE – BUDGET ***Training Required** _____ (_____) Purpose for access: _____
Corina Ramirez Date

FINANCE – ACCOUNTING _____ (_____) Purpose for access: _____
Corina Ramirez Date

HUMAN RESOURCES _____ (_____) Purpose for access: _____
Karlín Devoll Date

FINANCE – PURCHASING ***Training Required** _____ (_____) Purpose for access: _____
Noe Hernandez Date

FINANCE ***Signature Required** _____ (_____) Purpose for access: _____
Corina Ramirez Date

FINANCIAL – AID _____ (_____) Purpose for access: _____
Mickey Corbett Date

ALPINE STUDENT _____ (_____) Purpose for access: _____
Pam Pipes Date

RGC STUDENT _____ (_____) Purpose for access: _____
Claudia Wright Date

ADVANCEMENT _____ (_____) Purpose for access: _____
Kara O'Shaughnessy Date

Section 3 – Required Signatures ***Original Signatures are required***

USER _____ / _____ USER ID _____ DATE _____
Signature Print Name

*** Your signature above signifies your agreement to abide by all data standards and the attached compliance statement. Training is required access to Banner is granted. User will be notified of required trainings.**

SUPERVISOR _____ / _____ DATE _____
Signature Print Name

Acknowledgment and Compliance Statement

The following Acknowledgment and compliance statement is provided to protect employees and students at Sul Ross State University. Personnel, student, financial, and medical information contained within the University’s information systems is considered confidential. This confidential information and any other information made confidential by law is limited to those individuals whose position requires use of this information. By signing the statement below, you are acknowledging your acceptance and adherence to the confidentiality requirements imposed by federal and State law and Sul Ross State University policy.

If you should ever be uncertain about what constitutes legitimate use or release of information, err on the side of confidentiality and refer the inquiry to the Center for Enrollment Service.

I understand that by virtue of my position at Sul Ross State University, I may have access to data which is confidential and is not to be disclosed to any person or entity without appropriate authorization, subpoena, or court order. In order to access confidential information, I agree to adhere to the following guidelines:

1. I understand and acknowledge that improper or inappropriate use of data in the University’s Information Systems is a violation of University procedures and it may also constitute a violation of federal and state laws.
2. I will not provide confidential information to any individual or entity without proper authorization.
3. I will not review records or files for which I do not have a legitimate need to know in order to perform my duties.
4. I will not remove confidential information from University facilities except as specifically authorized to do so.
5. I will not make copies of any records or data except as specifically authorized in performance of my duties.
6. I will not share my user id and password with anyone, including my support staff (if applicable).
7. I will not use the data for personal use or for commercial purposes.
8. I will refer all requests for information from law enforcement, governmental agencies, and other external entities to the Office of the Provost, or those departments that have been authorized to respond to such requests.
9. I will refer external requests for all University statistical, academic or administrative data to the Office of Institutional Research and Effectiveness, Office of the Records and Registration, or those departments that have been authorized to respond to such requests.
10. Should I become aware of any unauthorized access to confidential data, I agree to report this information immediately to my supervisor or to the Director of Records and Registration.
11. I understand that any improper or inappropriate use of data in the University’s information systems may result in the removal or access privileges and could also result in appropriate administrative action, including but not limited to disciplinary action and termination.
12. I have read the SRSU Information Security Policy and agree to assist in its enforcement.

***ORIGINAL SIGNATURES ARE REQUIRED**

USER SIGNATURE _____ / _____ ID _____ DATE _____
Signature Print Name

SUPERVISOR _____ / _____ DATE _____
Signature Print Name

***Your signature above signifies your agreement to abide by all data standards on this compliance statement.**